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INDICATION FORM****Application Number****Filing Date**

March 4, 2005

**First Named Inventor**

CAZOR, JEAN LOUIS

**Title****Art Unit****Examiner Name****Attorney Docket Number**

DPD-SANOI1

I hereby revoke all previous powers of attorney given in the above-identified application.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Signature

Date

March 4, 2005

Name

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Title and Company

Vice President, Secretary &amp; General Counsel, DENTSPLY International Inc.

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☒ \*Total of 1 forms are submitted.

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